

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2105

1. PLACE OF DEATH

County CrittendenRegistration District No. 508Township ChillicothePrimary Registration District No. 3026City Chillicothe (No. 2)

File No. _____

Registered No. 17

St. _____

Ward _____

2. FULL NAME Theodore Brobst(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred

yrs. _____

mos. 5

da. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Emma Brobst6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1937

7. AGE

YEARS 79MONTHS 10DAYS 27If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 110. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation 212. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) Iowa13. NAME Wm Brobst14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) Pa.15. MAIDEN NAME Eliza Emrick16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) W. Va.17. INFORMANT Archie Brobst
(ADDRESS) Meadville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Meadville Mo DATE Jan. 25, 193719. UNDERTAKER Frank Smiley
(ADDRESS) Wheeling20. FILED Jan 25, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan - 20, 1937, to Jan 25, 1937Last saw him alive on Jan 25, 1937 Death is saidto have occurred on the date stated above, at 7:35 A.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset _____1860 Jan 22, 37

Other contributory causes of importance:

Broken left thigh Jan 25, 37

Name of operation _____ Date of _____

What test confirmed diagnosis? Tests Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fractured thigh - fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. J. Gray, M. D.(Address) Chillicothe Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

